



## **LTCS BEST PRACTICE CATALOG SUBMISSION COVER SHEET**

### **TYPE OF SUBMISSION:**

☒

**NEW**

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**REVISED - Replaces**

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**Current submission catalog number**

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**UPDATE - To**

\_\_\_\_\_  
**Current submission catalog number**

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**CHANGE IN CONTACT INFORMATION**

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**Date Submitted To Hospital/Division:** \_\_\_\_\_

**Approved for submission to LTCS Best Practice Committee**

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**Date Submitted To LTCS Best Practice Committee:** \_\_\_\_\_

**Approved for submission to LTCS Best Practice Catalog**

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## **LTCS BEST PRACTICE CATALOG SUBMISSION**

Project Title: **Pain Management Program**

Function Category:

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PATIENT-FOCUSED

☐

ORGANIZATION

☐

STRUCTURES

Sub-category(s): **Assessment of Patient**

Heading: **Practice Guidelines/Protocols/Parameters**

Contact Person: **Vicki Vinke RN,**

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Hospital: **Atascadero State Hospital**

The following items are available regarding this Best Practice:

☒ Policies/Procedures

☐ Photographs

☐ Video Tape

☐ Drawings/Pictures

☐ Manual

☒ Curriculum Material

☐ Project Outcome Data

☐ Other (Specify)

☒ RN/MD Assessment, Medication, Forms

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**1. SELECTION OF PROJECT/PROCESS AREA (Describe how and why your team selected this project/process area for improvement.):**

In 2000 JCAHO put forth, new standards on the subject of Pain Management. The Board of Registered Nurses had already classified pain as a '5<sup>th</sup> vital sign'. In order assess and ensure our compliance with those standards, ASH created a Pain Management Program. The program consisted of:

- ◆ Assessment of staff and patient knowledge and opinions regarding pain management
- ◆ Review of Pain Medication Usage in the Hospital
- ◆ Development of patient pain assessment, education, and monitoring tools
- ◆ Provision of Staff Training – including Pre & Post Test
- ◆ Development / Revision of related policies, procedures, and forms

**I. B. 3. 005**

- ◆ Ongoing Monitoring of compliance with pain standards
- ◆ Ongoing staff education

## **2. UNDERSTANDING EXISTING CONDITION WHICH NEEDS IMPROVEMENT**

**(Describe the relationship of your project to your goals for improvement, and describe current process performance.):**

Before the initiative, pain was identified by patient complaint and/or by care-giver ‘observation’ on an ‘as needed’ basis. There was no standardized and systematic assessments of pain and no severity scales used in measuring pain levels.

## **3. ANALYSIS** (Describe how the problem was analyzed.):

- ◆ A review of existing protocols, policies, and procedures showed a need for revision to meet the new standards.
- ◆ All level of care staff were surveyed about their knowledge and opinions regarding pain management and the survey data was used to develop staff training.
- ◆ The pharmacy provided data on what pain medications were being prescribed in the hospital.

## **4. IMPLEMENTATION** (Describe your implementation of the solution.):

A Quality Action Team was formed to develop the Pain Management Program. The team was made up of RNs, MDs, SWs, Pharm.D.s and Rehab Therapists.

**The Team developed a Pain Management Program containing the following elements:**

- ◆ A severity rating scale for patients to report their pain
- ◆ Systems with which staff assess patient pain levels routinely
  - Assessment tools used by RN’s and MD’s
  - Revised Nursing Procedures on the subjects of:
    - Nursing assessment
    - Vital Signs
    - Pain Management
    - Nursing Discharge Summary
- ◆ A Survey of all care givers on their knowledge and opinions regarding pain management.
- ◆ A Training for staff on assessment and treatment of pain and new policies and procedures.
- ◆ A variety of pain documentation forms and systems to monitor pain
- ◆ Patient Education tools

**5. RESULTS** (Demonstrate that an improvement has occurred as a result of the project/process area implementation.):

The result was a Pain Management system that met the JACHO standards for identification, assessment, treatment, and monitoring of pain.

Another outcome of the project was a 'Pain Clinic.' This clinic is for patients with unusual or severe pain. The clinic provides treatment on monitoring for the pain is staffed with physicians who have had extensive training in pain management. Patients are referred to the clinic by care-givers on the treatment units.

ASH has shared portions of this program with the other state hospitals in a group training session format.

**6. LEARNING** (Describe what the team learned and how they used those lessons to continuously improve the success of this Best Practice.):

There is added element of 'sensitivity' to the issue of treating pain in our patient population because of the profusion of substance abuse problems.